

# Bliss strategic plan 2011 - 2016

June 2011



We are the only national charity that supports premature and sick babies and their families in the UK. We are ambitious and focused on achieving the maximum benefit for our users. We know that our impact is enhanced by a combination of services, research, policy and campaigning.

Over the course of the last five year strategy we have achieved many notable outcomes. As a result of the pressure we placed on government the first national standards for neonatal care were published in 2009<sup>1</sup>. There has been a four-fold growth in the use of our core support and information services. We have funded ten innovative research projects to improve the care of babies. We have reached over 3,000 doctors and nurses through our training programmes. Even through a recession, our core income has grown by 15 per cent.

Today Bliss faces a very challenging economic and political landscape, making this review of our strategy even more timely. The number of babies and families in need of our support is increasing every year. Although we have grown substantially in the last five years and consolidated our position as the leading charity in our field we are still a medium sized organisation - our resources remains limited and our ambition remains large. Our challenge for the next five years is to build on our success and to reach and achieve more for the babies and families who we are here to serve.

## **Our purpose**

**We exist to ensure that all babies born too soon, too small or too sick in the UK have the best possible chance of survival and of reaching their full potential.**

We believe that:

- **All premature and sick babies and their families should have the best possible care and support**
- **Babies should have the same rights as anyone else**
- **The voices of babies and families must be heard**
- **Driving quality and innovation in the NHS will deliver improved care for premature and sick babies and their families**
- **We achieve more by working together with individuals and organisations**
- **We must always be able to demonstrate the difference we make to the lives of babies and their families.**

We will always act in ways that translate our beliefs into positive change:

- Drawing on our **expertise** and **knowledge** we offer **guidance** and **support** to **anyone** who needs us
- Turning our **passion** for our cause into **action**
- **Inspiring** others to share our **ambitions**
- **Listening** to people's views and **learning** from their experiences.

## **Strategic objectives**

Over the next five years our efforts will be focused around achieving change in four key areas that significantly impact the care of premature and sick babies and their families. We will also focus on two areas that will transform the way that Bliss operates internally.

This is an ambitious strategy for growth. It will deliver more direct and tangible outcomes for premature and sick babies and their families and will bring our services much closer to them. It will create an even more effective organisation that can more clearly demonstrate the success of our work.

By 2016 we will have:

- **Improved frontline NHS resources for perinatal care across the UK, both in hospital and at home**
  - measurable progress towards compliance with the British Association of Perinatal Medicine<sup>2</sup> and relevant national standards of care<sup>1,3,4</sup> in hospital on at least a regional basis.
  - measurable progress towards compliance with relevant national standards of care<sup>1,3,4</sup> in the community on at least a regional basis.
  
- **Driven the development and uptake of high quality family centred care**
  - every neonatal network in the UK will be actively implementing a family centred care plan.
  - 90% of neonatal units with Bliss Baby Charter<sup>6</sup> accreditation.
  
- **Made information and support available to all families who have had a premature or sick baby for at least 24 hours in hospital.**
  - 100% of families with a baby admitted for a day or more will receive key literature or have a relevant support service offered.
  
- **Expanded our regional reach and profile**
  - at least 4 regional offices established.
  - at least 12 Bliss Nurses established.
  - a range of volunteer-led support accessible to at least all neonatal intensive care and local neonatal units in mainland Britain
  
- **Increased our core income**
  - core income growth of at least 5% each year or 1.5% over inflation, whichever is the higher
  - funds for at least the first 12 Bliss Nurses identified on a regional basis.
  
- **Embedded new monitoring, evaluation and reporting systems**
  - always able to clearly demonstrate to users, funders and stakeholders the difference our work makes to babies and families, on at least a regional basis

## **Five year strategy**

Many of Bliss' current activities will continue: information and support to families, information and training for healthcare professionals, funding research to improve care, campaigning and influencing, development of policies and standards, and raising awareness of issues with opinion formers.

We will continue to evaluate the uptake of our services and will invest in new models and technologies to deliver them in the optimal way. We will invest in innovative ways of working to raise more funds, run an efficient organisation and maximise the effectiveness and creativity of our staff and volunteers.

- Our remit is **perinatal**, from the identification of a high risk pregnancy through to early school age. We have a focus on neonatal issues, but recognise the importance of both antenatal and postnatal care to babies and families. Our work must reflect the breadth of this remit, and we will increasingly develop links with antenatal, maternity, education and special educational needs services.
- Our services for both families and healthcare professionals are focused around the delivery and championing of high quality and accessible **family centred care**. Family centred care involves actively considering how it feels for parents to have a premature or sick baby and working within a framework to improve the family's experience. This involves introducing practices and providing appropriate information, support and facilities to guide families throughout their journey. We will use the momentum of recently published national standards<sup>1, 3, 4</sup>, the POPPY report<sup>5</sup> and the **Bliss Baby Charter**<sup>6</sup> to drive positive change on units. We will also continue to develop our suite of **support and information services** that are at the heart of the charity's work.
- We will develop a network of **Bliss Nurses** in major neonatal intensive care centres to promote family centred care practice and to more directly support sick and premature babies and their families while they are in hospital, when they need our help the most. Our aim is to establish a Bliss Nurse in each NHS region in the UK – a minimum of 28 - by the end of 2020, with at least the first 12 in post by 2016. These posts will be delivered in partnership with the NHS and other voluntary organisations. Bliss Nurses will not only support families through challenging and difficult times, but also ensure that every neonatal unit in the UK offers consistent, high quality family centred care.
- We will focus on the opportunity afforded by the new NHS and professional **standards** in neonatal care to deliver tangible improvements in frontline care for babies and families. This will include national and local **campaigns and policy development** working with all UK governments, NHS bodies and professional organisations to drive investment and positive change. We will support parents to engage in the **commissioning** of neonatal services, act as an **independent regulator** of services, provide relevant patient related data, as well as support service improvement initiatives at a unit and network level. As new NHS structures take shape we will actively engage with them to ensure that the standards that we champion are delivered on the frontline.

- We are a **national charity** and are committed to working appropriately in each UK country. Moving forward our focus will be on **delivering more services locally**, targeting the regions of the UK with greatest need with our full range of services, particularly volunteer-led support groups. Our local impact will increasingly be achieved in partnership with other organisations, recognising that Bliss can often achieve its aims through supporting others to meet shared goals, such as improving parental support or increasing breastfeeding rates. Our increased local focus will require new ways for us to work and a **regional structure** will be developed, building on the success of Bliss Scotland. This will help coordinate our service delivery, partnerships and fundraising to meet local needs. In 2013 we are likely to move head office and adopt ways of working which will facilitate a less centralised structure.
- We are committed to work with a wide range of users and communities in need of our services, but recognise the challenges of achieving this. We will engage with all neonatal units in the UK, with a particular focus on less intensive level 1 and level 2 units, with whom historically we have weaker involvement but who care for the majority of families. Activities aimed at engaging **hard to reach communities** will be identified and driven at a local level through partnership working and funding, rather than through a top-down approach.
- We will optimise our **management, financial and governance** processes, and will actively pursue **partnership and merger** opportunities for the greatest benefit of our users. Our public profile will be built not only through the quality of our work, but by creative stewardship of our brand across all communication platforms and by maintaining an active presence in the media and with key stakeholders.
- Our core **income** will be grown sustainably through targeted investment, while ensuring the continuing financial security of the charity through maintaining suitable levels of reserves. We will continue to have a diverse portfolio of unrestricted income, but will also look to develop further income streams through national and local government and the NHS.
- To ensure that Bliss' greatest assets are supported, we will increase investment of both time and money into **staff and volunteer training and development**. We have a particular awareness of the need to plan for the succession of key staff and Trustees over the period of this strategy.

## References

1. NHS/Department of Health, Toolkit for High-Quality Neonatal Services. 2009
2. British Association of Perinatal Medicine, Service Standards for Hospitals Providing Neonatal Care, (3rd edition), August 2010
3. NICE, Specialist neonatal care quality standard. 2010
4. Welsh Assembly Government, All Wales Neonatal Standards for Children and Young People's Specialised Healthcare Services. October 2008.
5. POPPY, Family-centred care in Neonatal units. 2009
6. Bliss, The Bliss Baby Charter Standards. 2009